Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application Number 09/660110 TRANSMITTAL Filing Date Sep 12, 2000 **FORM** First Named Inventor Hardjono **Art Unit** 2143 (to be used for all correspondence after initial filing) **Examiner Name** Choudhury Attorney Docket Number Total Number of Pages in This Submission 2204/A45 (120-348) **ENCLOSURES** (Check all that apply) After Allowance communication to (TC) |x| Fee Transmittal Form Drawing(s) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC Amendment / Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please identify Х Terminal Disclaimer **Extension of Time Request** below): 1449 Form **Express Abandonment Request** Request for Refund Cited References CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Document(s) Remarks Reply to Missing Parts/ Please charge any deficiency or credit any overpayment to Deposit Account No. 502569. Incomplete Application

Printed name	Lindsay G. McGuinness							
Date	5/24/2006	Reg. No.	38549					
	_ · · · · · · · · · · · · · · · · · · ·							
CERTIFICATE OF TRANSMISSION/MAILING								
	at this correspondence is being facsimile transmitted to as first class mail in an envelope addressed to:							

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Reply to Missing Parts under 37 CFR 1.52 or 1.53

Andrey y me Sh

Firm Name

Signature

Signature

Typed or printed name Christine M. Morrissette Date 5-25-2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Effective on 17/2004   Section 17/2004   Secti	v. jurider the i	aperwork Reduction	ACT OF 1995,	no persons are required	to respond to				control number.
FEE TRANSMITTAL FOR FY 2005    Applicant Claims small entity status. See 37 CFR 1.27	.5	Effective on 1	2/8/2004.		<u> </u>		1	<u>nown</u>	
FEE TRANSMITTAL FOR FY 2005    Applicant Claims small entity status. See 37 CFR 1.27	pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			. Applie		†			
FOF FY 2005    Fight Named Inventor   Hardjone   Examines Name   Choudury	FEE TRANSMITTAL →			Filing		<del>                                     </del>		·	
Applicant Claims small entity status. See 37 CFR 1.27									
Altomey Docket No.   2204/A45 (120-348)		FOI FI	200	<u> </u>	Exam	iner Name	Choudhury		
Check	Applicant Cla	ims small entity s	tatus. See	37 CFR 1.27	Art U	nit	2143		
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number, 502569   Deposit Account Name: McGuirness & Manaras LLP	TOTAL AMOUNT OF	PAYMENT	(\$) 180.0	0	Attom	ey Docket No.	2204/A45 (12	0-348)	
Deposit Account Deposit Account Number: 502559 Deposit Account Name: McGuinness & Menaras LIP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge ent yadditional fee(s) or underpayments of fee(s)   Charge fee(s) indicated below, except for the filing fee	METHOD OF PAY	MENT (check al	l that apply		_				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s)   Charge	Check	Credit Card	Money	Order None	Oth	ner (please identify	y):		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s) indicated below, except for the filling fee   Charges free(s)   Charge	X Denosit Acc	ount DepositAcc	ount Number	- 502569	Denosit A	count Name: McC	Guinness & Mana	aras IIP	·-
X Charge fee(s) Indicated below									
WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.   FEE CALCULATION				<b>,</b> -			•	cept for the filir	ng fee
WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.   FEE CALCULATION				rpayments of fee(s)	X	Credit any overpa	yments		
Second   S	WARNING: Information	on this form may be		Credit card informatio	n should not i	be included on this fo	orm. Provide credi	it card informatio	n and
Application Type							······································		
FILING FEES   Small Entity   Small			EAVWIN'V.	TON EEES	-	<u> </u>			
Signature   Small Entity   Small E	I. BASIC FILING,				EES	EXAMINAT	ION FEES		
Utility									
Design   200   100   100   50   130   65	Application Type	Fee (\$)	Fee (\$)	Fee (\$) Fee	<del>)</del> (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees F	Paid (\$)
Plant	Utility	300	150	500	250	200	100		
Reissue	Design	200	100	100	50	130	65	•	
Provisional   200   100   0   0   0   0   0   0   0   0	Plant	200	100	300	150	160	80		
Provisional   200   100   0   0   0   0   0   0   0   0	Reissue	300	150	500		600			-
Signature   Sig									
Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each claim over 3 or, for Reissues, each independent claim more than in the original patent  Each claim over 3 or, for Reissues, each independent claim more than in the original patent  200 100  Multiple dependent claims  Extra Claims  Extra Claims  See (\$) Fee Paid (\$)  Pee Paid (\$)  O - 20 or HP = 0 x \$ \$50.00  Indep. Claims  Extra Claims paid for, if greater than 20  Indep. Claims  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  O - 100 = 0 /50 = 0 (round up to a whole number) x \$250.00 = \$0.00  4.OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other: Information Disclosure Statement  Registration No. (Attorney/Agent)  Registration No. 38549  Telephone 978-264-4001			100	v	v	v	Ū		Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  200 100  Multiple dependent claims  Extra Claims  Set to a state of the state o		LLO							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  360 180  Multiple dependent claims  O -20 or HP = 0 x x \$50.00 = \$0.00  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  0 -100 = 0 /50 = 0 (round up to a whole number) x \$250.00 = \$0.00  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: Information Disclosure Statement  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone 978-264-4001		or, for Reissues	. each clain	over 20 and more	than in the	original patent			
Multiple dependent claims  Total Claims  Extra Claims  O - 20 or HP = O x \$50.00 = \$0.00  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  O - 3 or HP = O x \$200.00 = \$0.00  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  O -100 = O /50 = O (round up to a whole number)  Non-English Specification, \$130 fee (no small entity discount)  Other: Information Disclosure Statement  Registration No. (Attomey/Agent)  Registration No. (Attomey/Agent)  Registration No. (Attomey/Agent)							zinal patent	200	-
Total Claims    Extra Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims				,			, F		
O -20 or HP = 0 x \$50.00 = \$0.00   Fee (\$) Fee Paid (\$)    HP = highest number of total claims paid for, if greater than 20   \$360.00    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    O -3 or HP = 0 x \$200.00 = \$0.00    HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    O -100 = 0 /50 = 0 (round up to a whole number)   x \$250.00 = \$0.00    4. OTHER FEE(\$)   Fee Paid (\$)    Non-English Specification, \$130 fee (no small entity discount)    Other: Information Disclosure Statement   \$180.00    Registration No. (Attomey/Agent)   38549   Telephone   978-264-4001			s l	Fee (\$) Fee	Paid (\$)	B	Viultiple Depende		100
HP = highest number of total claims   Extra Claims   Fee (\$)   Fee Paid (\$)		HP= 0				-			)
O -3 or HP = 0 x \$200.00 = \$0.00  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  0 -100 = 0 /50 = 0 (round up to a whole number) x \$250.00 = \$0.00  4. OTHER FEE(S) Fees Paid(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other: Information Disclosure Statement \$180.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 38549  Telephone 978-264-4001	HP = highest number of t	otal claims paid for, if g	reater than 20				\$360.00		
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  0 -100 = 0 /50 = 0 (round up to a whole number) x \$250.00 = \$0.00  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: Information Disclosure Statement  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)	Indep. Claims	Extra Claim	<u>s</u> [	ee (\$) Fee	Paid (\$)				<del>-</del> ·
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  0 -100 = 0 /50 = 0 (round up to a whole number) x \$250.00 = \$0.00  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone 978-264-4001	0 -3 or	HP =0	x <u>_</u> \$	200.00 =	\$ 0.00				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  0 -100 = 0 /50 = 0 (round up to a whole number) x \$250.00 = \$0.00  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: Information Disclosure Statement  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone 978-264-4001			id for, if greater	than 3					
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  0 -100 = 0 /50 = 0 (round up to a whole number) x \$250.00 = \$0.00  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: Information Disclosure Statement  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. 38549  Telephone 978-264-4001									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 0 - 100 = 0 /50 = 0 (round up to a whole number) x \$250.00 = \$0.00    4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: Information Disclosure Statement \$180.00    SUBMITTED BY  Registration No. (Attorney/Agent) 38549   Telephone 978-264-4001									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement  Submitted by  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone 978-264-4001									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement  SUBMITTED BY  Signature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)									
Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement  SUBMITTED BY  Signature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)		· 100 =0_	/50	=(	round up to a	a whole number)	×\$250.00		
Other: Information Disclosure Statement \$180.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 38549 Telephone 978-264-4001	• •								
Signature Registration No. (Attorney/Agent) Telephone 978-264-4001									
Signature Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Telephone 978-264-4001	Outer. Information Discressife Statement \$180.00								
Signature Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Telephone 978-264-4001	SUBMITTED BY								
	Signature	Gendsur	1 A"	/1.		38549	Teleph	none 978-2	64-4001
	Name (Print/Type)		<del>, , , , , , , , , , , , , , , , , , , </del>		<del> · · ·</del>		Date	3/24/20	106.

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Hardjono

Serial No.: 09/660,110

Filed: 09/12/2000

Title: System, Device, and Method for

Receiver Access.Control in a

Multicast Communication Network

Attorney Docket No.: 2204/A45 (120-348)

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Group Art Unit:

2143

Examiner:

Choudhury

## INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This Information Disclosure Statement is submitted:

- under 37 CFR 1.97(b), or (Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last) under 37 CFR 1.97(c) together with either a: \_\_\_ Statement under 37 CFR 1.97(e), or
  - a \$180.00 fee under 37 CFR 1.17(p), or (After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)
- X under 37 CFR 1.97(d) together with a:
  - Statement under 37 CFR 1.97(e), and
  - X a \$180.00 fee set forth in 37 CFR 1.17(p). (Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)
- Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

Respectfully submitted,

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or the correspondence is being facsimile transmitted to the USPTO, on the date indicated below.

Date of Deposit:

Typed Name: Christine M. Morriss ette

Lindsay G. M¢Guinness

Attorney/Agent for Applicant(s)

Reg. No. 38549

Date: 5-25-2006

Telephone No.: 978-264-6664

PTO/SB/08a (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
fler the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known Substitute for form 1449A/PTO 09/660110 Application Number INFORMATION DISCLOSURE 9/12/2000 Filing Date STATEMENT BY APPLICANT First Named Inventor Hardjono 2143 Art Unit (Use as many sheets as necessary) **Examiner Name** Choudhury

2 Of 2204/A45 (120-348) Sheet Attorney Docket Number

	U.S. PATENT DOCUMENTS							
Examiner Initials*	Cite No.1	Document Number  Number - Kind Code <sup>2 (if known)</sup>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear			
		US-5,748,736	05-1998	Mittra, Suvo				
		US-6,185,678	02-2001	Arbaugh et al.				
		US-6,718,387	04-2004	Gupta et al.				
		US-6,606,706	08-2003	Li, Yunzhou				
		US-6,026,167	02-2000	Aziz, Ashar				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		US-6,295,361	09-2001	Kadansky et al.				
		US-6,058,416	05-2000	Mukherjee et al.				
		US-6,415,323	07-2002	McCanne et al.				
		US-6,363,154	03/2002	Peyravian et al.				
		US-6,684,331	01-2004	Srivastava, Sunil K.				
		US-6,664,922	12-2003	Fan, Rodric C.				
		US-						
		US-						
		US-						
		US-						
		US-						
		US-						
		US-						
	T	US-						

	FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> - Number <sup>4</sup> - Kind Code <sup>5</sup> ( <i>if known</i> )	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>			
	<del> </del>					<b></b>			

Examiner	Date	
Signature	Considered	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 'Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at <a href="www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/08b (08-03) Approved for use through 06/30/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

THAN Stitute for form 1449B/PTO

2

Sheet

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

2

Complete if Known Application Number 09/660110 9/12/2000 Filing Date First Named Inventor Hardjono Art Unit 2143 Examiner Name Choudhury 2204/A45 (120-348) Attorney Docket Number

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite, No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
<del>-</del> .		Ballardie A. "Scalable Multicast Key Distribution", May 1996, University of London, pages 1-18	
Military and to		Haller et al. "On Internet Authentication", October 1994, Network Working Group, pages 1-17	
		Harney et al. "Group Key Management Protocol (GKMP) Specification", July 1997, Network Working Group, pages 1-23.	
-		Gong et al. "Elements of Trusted Multicasting", 1994, IEEE, SRI Computer Science Laboratory, pages 23-29.	
-		Mittra S. "lolus: A Framework for Scalable Secure Multicasting", 1997, Computer Science Department, Stanford University, pages 277-288.	
		Ishikawa et al. "An Architecture for User Authentication of IP Multicast and its Implementation", 1999, IEEE, pages 81-87.	

Examiner	Date	
Signature	Considered	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.